



**FLEET LIAISON PROGRAM  
GUIDE  
U.S. NAVAL HOSPITAL, OKINAWA JA.**

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# **FLEET LIAISON PROGRAM U. S. NAVAL HOSPITAL, OKINIWA, JA.**

## **GENERAL ADMINISTRATION Section 1**

1. Purpose: To provide the Ships Medical Department Representative with general administrative information.
2. Mission: The primary mission of the U. S. Naval Hospital is support readiness in the Western Pacific by promoting, restoring, and maintaining health for all entrusted to our care. The Fleet Liaison Representative will make every effort to meet ships pierside upon their arrival and provide details and coordinate medical logistics request.
3. Medical Assistance: Medical Officers or Senior Medical Department Representatives are encouraged to make contact with the Fleet Liaison Representative when entering Okinawa ports. USNH Okinawa, Japan Phone book can be found at <http://www.oki.med.navy.mil/phone.htm>
  - a. Mailing Address: Commanding Officer  
U. S. Naval Hospital, Okinawa, Japan  
PSC 482  
FPO AP 96362-1600
  - b. Personal Contact: Fleet Liaison Representative  
Email: [fleet@oki10.med.navy.mil](mailto:fleet@oki10.med.navy.mil)  
Phone: DSN: 642-2378  
FAX: 642-2257
4. Medical Guard: For ships or units in port, the U. S. Naval Hospital is unable to assume the medical guard due to the logistical location of the hospital. Ships docking in Okinawa ports may seek assistance from the local clinics:
  - a. Orawon Beach: Camp Schwab Branch Medical Clinic  
Phone: 625-2260/72  
Emergency: 911
  - b. Kin Red/Blue Beach: Camp Hansen Branch Medical Clinic  
Phone: 623-4623/81  
Emergency: 911
  - c. White Beach: White Beach Branch Medical Clinic  
Phone: 642-2378  
Emergency: 911
  - d. Naha: Kinser Branch Medical Clinic  
Phone: 637-3995/1723  
Emergency: 911
5. Medical Services: The U. S. Naval hospital can provide a wide variety of medical services. Requests for appointments and biomedical repair services should be sent by LOGREQ or separate message 7 to 10 days prior to the scheduled port visit to ensure appointment availability.
  - a. To expedite your request, ensure that the following information is provided:
    - (1) Member's Name and Rank.
    - (2) Last Four SSN.
    - (3) Clinic

- (4) Provisional Diagnosis
- (5) Date of Birth

- b. All patients reporting for consultation are required to bring their health record and a Consultation 'sheet (SF-513) to the Clinic providing the service. The SF -513 should contain all pertinent information to the case with a provisional diagnosis.
- c. Lab results and x-rays which have been conducted during the previous examinations must accompany the patient.
- d. Notify this command immediately if a patient will be late or unable to maintain their scheduled appointment.

6. Military Sickcall: At prescribed times, sickcall is held at each clinic on a walk-in basis. The U. S. Naval Hospital is a service organization. Every effort is made to have a specialist available to see patients with appointments.

7. Laboratory Specimens: Before sending any specimens or ordering laboratory test from the U. S. Naval Hospital, ensure that the following information and paper work accompany it:

- a. Name and Rank
- b. SSN
- c. Ship or unit FPO
- d. Appropriate Lab Chit.

Note: Abnormal lab results, which affect treatment protocol, will be reported to the ship by naval message.

8. Physical Examinations: Physical examinations for annual, reenlistment and other administrative purposes are available. However, the following must be completed within the capabilities of the ship/SMDR prior to docking in Okinawa:

- a. Medical History SF-93
- b. OFFICER Physical Examination Questionnaire NAVMED 6120/2
- c. Medical Examination SF-88

9. Ambulance Service: Ambulance service is available for emergency transportation of patients to the U. S. Naval Hospital or nearest treatment facility. Paragraph 4 lists all clinic emergency telephone numbers needed to request an ambulance for a bonafide emergency.

- a. The White Beach Clinic ambulance is utilized for ON-BASE emergencies only, and will transport the patient to the USNH Emergency Room only.

**b. Routine transportation of patients to and from the Naval Hospital is the responsibility of the ship. Request for special or additional vehicles should be addressed to CFAO or CTF Seven Six.**

10. Medical Supplies: Small quantities of medical supplies will be made available to ships SMDRs upon request. However, large quantities or specialized items will require the submission of a DD-1149 and the units accounting data.

11. Bio-Medical Repair: Bio-Medical Repair Technicians are available for advice, repair and servicing of medical equipment. See the enclosed attachment (example LOGREQ) to properly request medical repair assistance.

12. Military Appearance: Personnel reporting to the hospital for appointments and examinations must present a clean and proper military appearance. Working uniform, (i.e., khakis, dungarees, etc) may be worn as long as the uniform is clean and in good condition.

# **FLEET LIAISON PROGRAM U.S. NAVAL HOSPITAL, OKINAWA**

## **PATIENT ADMINISTRATION PROCEDURES**

### **Section 2**

1. **PURPOSE:** The purpose of this section is to provide the Medical Department Representative with the basic information needed to properly utilize Patient Administration services. Enclosed is a memorandum regarding policy and procedures governing U.S. Naval Hospital, Okinawa Medical Holding Company.
2. **ADMISSIONS:** Admission to the hospital is always possible following a medical examination. Due to ship movements, this will most likely result in the loss of an individual for an extended period of time. The ship's Medical Department must communicate their concerns to the Fleet Liaison when referring a crewmember to the Naval Hospital. Direct communication between the Physician and the ship's Medical Department may be required if the referring Medical Department feels that admission is desired, or not desired. This communication can be most expeditiously completed through contact with the Command Fleet Liaison Representative. When a patient is admitted to the hospital, the Admissions Clerk should e-mail the Fleet Liaison at [fleet@oki10.med.navy.mil](mailto:fleet@oki10.med.navy.mil). The message should include the full name, social security, date and time of admission, the ward the patient was admitted to, admitting physician, admitting diagnoses, and the ship the patient is from.
  - a. **TAD Orders:** Fully funded orders are required when the ship leaves a member behind. Orders need to be for 30 days. Recommend FAX 643-7845 or email ([fleet@oki10.med.navy.mil](mailto:fleet@oki10.med.navy.mil)) attention Navy Liaison prior to member's arrival. If member is returned to full duty or if the member is returned to area of homeport to recuperate following surgical procedure, but may not be ready to be placed on full duty, ensure that the following information is provided to expedite the member's return to the parent command:

**(1) BLK: 13 Itinerary must include:**

**Command Address,  
Intermediate location(s)  
And return to ship, homeport i.e.: Nearest TPU**

**BLK: 16 \*\* Please check this block for continuous travel for further evaluation at other MTF (CONUS)**

**BLK: 18 Ships Accounting Data to include funding in the per diem and transportation blocks.**

**BLK: 21 Please includes in the comment section authorizes member to proceed to the nearest TPU or Medical Holding company. This will terminate the per diem decreasing the command expenses.**

**\*\*NOTE: This information needs to be included to decrease command's expenses on per diem if military transient billeting can be utilized.**

**(2) Personnel Records.**

**(3) Personal articles.**

**(4) Report to Navy Liaison for patient tracking and accountability purposes.**

b. **TEM DU Orders:** TEM DU orders should not be issued unless it is anticipated that the member will not be returning to their parent command. This MTF will request TEM DU orders once the physician has recommended the member be placed on Limited duty or Medical Board. Transient Billeting at Naval Hospital Okinawa, Japan is not available. Naval Hospital Okinawa only has a medical holding company to be used for short visits not to exceed 30 days.

Member's can be TEMDUed to:

**Commander Fleet Activities  
UIC: 44412  
PSC 480  
FPO AP 96370**

**(1) This includes medical boards to limited duty status, which will make the member unfit for shipboard duties.**

c. TEMAD/TEMDU Travel Orders: Personnel reporting for non-Emergency treatment must have in their possession a sufficient quantity of military clothing to support their stay, and permit further travel as may become necessary. This should include:

**(1) Dress Uniforms.  
(2) Working Uniforms.  
(3) Appropriate Civilian attire for travel.  
(4) ATM Cards or checkbook for advance funds in the event unexpected transportation costs occur.**

3. AERO-MEDICAL EVACUATION: Routine aeromedical evacuation of patients to PACOM/CONUS facilities is available to fleet units. The Naval Hospital will act as the originating Medical Treatment Facility (MTF) for all aeromedical evacuations from the Okinawa area. If the patient is an outpatient the parent command must provide fully funded TAD orders in order for the member to fly aerovac:

**BLK: 13 Itinerary must include:**

**Command Address,  
Intermediate location(s)  
Return to ship/ homeport i.e.: Nearest TPU**

**BLK: 16 Please check this block for continuous travel for Further evaluation at other MTF (CONUS)**

**BLK: 18 Ships Accounting Data to include funding in the Per Diem and Transportation blocks in the event the above mention services are not available.**

**BLK: 21 This information needs to be included to decrease command's expenses on per diem if military transient billeting can be utilized. Please include in the comment's section: Authorize member to proceed to the nearest TPU or Medical Holding company. This will terminate the per diem, decreasing the command expenses.**

4. INPATIENT STATUS REPORTS: To keep the parent command advised as to the status of one of its members, the Navy Liaison, Patient Administrative Department will notify the parent command of the member's current status at least once a week through e-mail or MTF messages. This report will be unclassified and will provide the following information:

- a. Date and time of admission.
- b. Diagnosis code.
- c. Date of discharge and recommendations for convalescent leave and follow-up appointment and expected date of departure and mode of travel to destination.

5. DISPOSTION OF DECEASED PERSONNEL: The Naval Hospital Decedent Affairs Officer will render any assistance when requested. The Decedent Affairs Officer can be contacted at 643-7586 or 643-7594. After normal working hours, contact the Naval Hospital OOD at 643-7555 or 643-7509.

a. Reporting: (IMMEDIATELY NOTIFY)

- (1) **Commander  
Fleet Activities Okinawa  
634-8232**
- (2) **Commanding Officer  
Attn: Office of the Medical Examiner's Office  
U. S. Naval Hospital, Okinawa  
643-7282 or 643-7555/7509**
- (3) **Naval Intelligence Service Okinawa  
643-7566**

*NOTE: Notify everyone listed above in the event the death was the result of violence or unusual circumstances.*

(4) **Telecommunication Addresses:**

- (a) **COMFLTACTS OKINAWA JA**
- (b) **NAVHOSP OKINAWA JA//013//**
- (c) **USAF MORTUARY CP KINSER JA//MO//**
- (d) **60SVS TRAVIS AFB CA//SVD//**
- (e) **MILMEDSUPPOFF GREAT LAKES IL**

b. Responsibilities: At the time of death, it is the responsibility of the activity of which the victim was attached to prepare and send messages & reports connected with the member.

- (1) **Positive identification of the remains must be established by the deceased member's parent command.**
- (2) **Disposition of Health, Dental, Pay, Service records and Personal effects is also the responsibility of the parent command.**
- (3) **If the Naval Hospital is to perform an autopsy, the member's health and dental records must accompany the remains.**
- (4) **The parent command must notify the next-of-kin and establish their desires for the disposition of the remains.**

d. Transfer of Remains: Remains of deceased personnel shall be transferred to the U.S. Naval Hospital for autopsy and to USAF Mortuary, Camp Kinser for preparation and further transportation to USAF Port Mortuary, Travis AFB, CA. Statement of Recognition and Certificate of Death (Overseas) DD Form 2064, shall accompany the remains.

- (1) **All copies must be signed by a medical officer or, if no medical officer is on board, the Senior Medical Department Representative.**
- (2) **Pending completion and forwarding of the Certificate of Death (Overseas) DD Form 2064, a letter of transmittal will be forwarded with the remains containing the following:**
  - (a) *Full Name of Deceased.*
  - (b) *Rank/Rate.*
  - (c) *Social Security Number*
  - (d) *Whether positive identification of the deceased has been made and by what means.*
  - (e) *Suspected Cause of Death.*
  - (f) *Whether or not an investigation will be held.*
  - (g) *A Statement of medals and awards authorized.*

- (h) *A burial uniform should be provided. The uniform should be a complete Service Dress Blue uniform with ribbons, underwear, and socks. The uniform must be one that will pass a rigid inspection.*
  - (i) *Identification tags shall be affixed to all remains at the time of transfer.*
  - (j) *If an escort is to accompany the deceased, a Notification of intent message with the Name, Rank and Social Security Number of the escort will be sent to all message addresses.*
- e. **Release of Remains:** In accordance with JAG Manual, Chapter 8, the release of the remains by the Board of Investigation shall be provided by the Commanding Officer, U. S. Naval Hospital, Okinawa, Japan. The following statements must be signed by the member's Commanding Officer:
  - (1) **'The remains of \_\_\_\_\_ are hereby released to the Commanding Officer, U.S. Naval Hospital, Okinawa, Japan for autopsy. It is requested that a postmortem examination be performed on the remains of \_\_\_\_\_.'**

## MEMORANDUM

From: Head, Patient Administration Department,  
U. S. Naval Hospital, Okinawa  
To: Member

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Via: Leading Petty Officer, Medical Holding Company

Subj: POLICY AND PROCEDURES GOVERNING USNH OKINAWA  
MEDICAL HOLDING COMPANY

Ref: (a) USNAVHOSP OKINAWAINST 6330.1 Series

1. As of this date, your physician has determined that you be assigned to Medical Holding Company (MHC) for the purpose of rehabilitative care and/or awaiting further medical evaluation (i.e. medical evacuation, medical board, or return to duty) in accordance with reference (a). The following information is provided to acquaint you with the daily routine and to make your stay here as productive and as short as possible. Your cooperation is needed to maintain efficiency and good morale.

a. Place of Duty: Your place of duty is as follows:

Rate/Rank Full Name, LAST FOUR OF SSN  
Medical Holding Company  
USNH PSC 482  
FPO AP 96362

b. Uniform: Unless otherwise directed, you will be in the prescribed uniform of the day at all times. Civilian clothes are authorized for wear after normal duty hours.

c. Muster Site: Muster is held at Patient Administration Department on Monday mornings only at 0700, Tuesday through Friday (except holidays), at 0800, 1300, and 1600 with the Leading Petty Officer (LPO), Medical Holding Company.

d. Work Detail: When assigned to a work detail by the LPO, Medical Holding Company or the Navy Liaison Officer, you will:

(1) Report to your assigned detail supervisor on time.

(2) Carry out your assigned duties in a responsible manner.

(3) Check out with the detail supervisor before leaving.

(4) Report to the Navy Liaison once secured or leaving at 1600 (whichever comes first).

e. Appointments: All personnel are required to be evaluated by their attending physician once a week while assigned to Medical Holding Company. You MUST notify the LPO of the date(s) of subsequent appointments with your physician. All medical appointments/business that requires your absence from the Medical Holding Company will be cleared through the LPO.

f. Liberty: Liberty must be recommended by your physician on a Special Request Chit and then submitted to the LPO, Medical Holding Company for



final approval, during normal working hours. If liberty has not been formally authorized, you are to remain within the confines of the hospital.

- g. Leave: Routine leave is not authorized. Emergency Leave may be granted upon discharge from Medical Holding Company after the American Red Cross receives appropriate confirmation.
- h. Personal Business: Absence from the hospital for personal business will be coordinated through LPO, Medical Holding Company.
- i. Berthing: During your assignment in Medical Holding Company, you will be berthed in the Command Combined Bachelor Housing. You are required to maintain your berthing area in a state of cleanliness at all times. **You will not be excluded from room inspections or barracks cleaning details. You will be expected to:**
  - (1) Ensure that your rack is made daily.
  - (2) Ensure your berthing area is kept clean and neat and that all gear is stored appropriately.
  - (3) That you adhere to the rules and Regulations of BEQ residents.
  - (4) You must check your keys in prior to departure into the Barracks Managers Office, Information Desk, Duty Crew Personnel, LPO Medical Holding Company LPO, or LPO Patient Administration Department.

2. Patients placed in Medical Holding Company **ARE NOT PERMITTED TO CONSUME ALCOHOL AT ANY TIME.** Failure to comply will result in administrative action.

3. For further assistance and/or guidance, contact the LPO Medical Holding Company at 643-7318 or 643-7586.

J.M. LEWIS

Copy to:  
Member  
File

I have read and fully understand the regulations explained above.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**FLEET LIAISON PROGRAM**  
**OCCUPATIONAL HEALTH/ PREVENTIVE MEDICINE**  
**Section 3**

1. **PURPOSE:** The purpose of this section is to provide the Medical Department Representative with the basic information needed to properly utilize resources of the Occupational Health/Preventive Medicine Department, U.S. Naval Hospital Okinawa.

2. **PRATIQUE AND QUARANTINE:** Although pratiques, quarantine declarations and free pratique certifications are no longer required on a routine basis for U.S. Ports, Japanese quarantine laws DO REQUIRE quarantine declarations on ALL ships arriving to Japan from foreign ports. All ships will hoist and continue to fly the Quebec flag until such time as they have received a free pratique.

a. All vessels arriving from foreign ports will prepare a USAFJ form 399EJ, "Declaration For Quarantine Clearance Of United States Forces Vessel Docking At United States Controlled Japanese Ports, as required by USFJ Policy Letter, and SECNAVINST 6210.2 series. The form will be prepared by the vessels Medical Officer, or Medical Department Representative for presentation to quarantine officials upon berthing.

b. After determining that quarantine is not indicated the Japanese Government Official or designated preventive medicine personnel from DOH/PM, acting for the GOJ will issue the Government of Japan, free pratique certification.

3. **WATER AND FOOD SANITATION:**

a. Ships while in port shall be provided water from approved sources treated at civilian water treatment facilities. Food items obtained through liaison with respective port services meet requirements for procurement of food items from approved sources.

b. Requests to provide foodservice sanitation training, water testing and analysis can be obtained by contacting the Preventive Medicine Department at 643-7808.

4. **DERATING AND DERATTING EXEMPTION CERTIFICATES:**

a. A valid Derating and Derating Exemption Certificate, is required to be on file for all ships entering port, by International

Convention and BUMEDINST 6250.14 series. Certifications are valid for a six-month period. A one-month extension may be granted, by the original issuer.

b. Ships requiring certifications are requested to submit an application for Derating by message or letter to U.S. Naval Hospital, Director Occupational Health/Preventive Medicine. A copy of the current Deratting Certificate should accompany the USAFJ Form 399EJ upon arrival and request for a Free Pratique.

**FLEET LIAISON PROGRAM  
U.S. NAVAL HOSPITAL, OKINAWA JA.**

**HUMAN IMMUNE VIRUS TESTING  
Section 4**

**From:** Head, Laboratory Department, USNH Okinawa  
**To:** All Submitting Activities

**Subj:** SUBMITTING ACTIVITY INSTRUCTIONS FOR THE COLLECTION AND SUBMISSION OF HIV SPECIMENS FOR TESTING.

**Ref:** (a) BUMED Washington DC 131620Z FEB 96  
(b) USNAVHOSP OKINAWA INSTRUCTION 6220.5C

**Enc.:** (1) Quick Guide to Automated Roster Request Form (ARF) Data Entry  
(2) ARF Definitions for FMP, SOT and DUC codes  
(3) ARF Program Allowable Code Combinations

**1. INTRODUCTION:** U. S. Naval Hospital, Okinawa serves as the Medical Treatment Facility Transshipment Processing Center (TPC) for all specimens submitted for HIV testing at Viromed Laboratories in Minneapolis, MN. Per reference (a) and (b), all Submitting Activities must follow the enclosed instructions to ensure compliance with Navy and testing contractor requirements.

**2. COLLECTION, LABELING AND PROCESSING.**

a) Whenever HIV specimens are collected, the patient's identification **must** be confirmed using a photo ID (e. g., military ID card, passport or driver's license). Collect the sample in the TPC supplied SST tube.

b) Apply the specimen label to the tube with the following information: 1) member's full name (last name, first name, MI), 2) family member prefix (FMP), 3) social security number (SSN), 4) date of birth, and 5) date drawn. **The label must be placed on the upper 1/3 portion of the SST tube. No part of the label should cover the bottom part of the tube.**

c) The filled SST tubes should be left upright at room temperature to allow for clot formation. The samples should be centrifuged at 1200 g for ten minutes within six hours of collection. Do not refrigerate samples before centrifugation. After centrifuging, if the SST gel does not move to the top of the red cell layer, centrifuge the SST tube again. Samples should be stored in an upright position at refrigerator temperature position until shipment to TPC. Do not freeze.

d) Terumo SST Tubes and other HIV contract supplies can be requested from the HIV Coordinator in the Laboratory Department, USNH. To allow time to obtain the supplies from the contractor, submitting activities should request HIV supplies three to four weeks in advance.

### 3. AUTOMATED ROSTER PROGRAM.

a. The Automated Roster Request Form (ARF) has been distributed to all Submitting Activities (SA). Enclosure (1) provides guidance on using the ARF. Prepare and submit roster data on both an ARF diskette and a hardcopy printout. All roster submissions must include the submitting activity UIC/RUC, **Complete** Mailing Address, HIV-Coordinator, Phone: (DSN) 643-7724, FAX: (DSN) 643-7271), and Verifier (person at the SA who can be reached for sample problems/ verification, plus (DSN) phone and FAX number). **NOTE:** The mailing address will be used by the contractor to return HIV results to your command. The address must include full spelling of each line and include all necessary information to ensure delivery to your location by U.S. Mail.

b. The ARF roster must include the family member prefix (FMP), SSN, Name (Last, First, MI), source of test (SOT), and duty code (DUC) for each HIV specimen submitted. Enclosure (2) and (3) provide information to accurately input the FMP, SOT and DUC ARF entries. The FMP/SOT/DUC must be correctly matched for the Contractor and the Navy Central HIV Program to release the results. A list of the most common code combinations are included below:

<b>FMP</b>	<b>SOT (common)</b>	<b>DUC (common)</b>
20 (Active Duty)	F/O/P	N11/M11/A11/F11
30-39	O/P	N41/M41/A41/F41
01-19	O/I	N41/M41/A41/F41
20 (Civilians)	O/P	K53/K65/K69/K76
98 (i.e., premarital testing)	R	K91

### 4. SUBMITTING THE SPECIMENS TO THE TPC.

a. HIV specimens will be accepted at the USNH Okinawa Laboratory, 2nd Deck, Camp Lester, Monday through Friday from 0745-1530. The samples must be hand delivered within 72 hours of collection. If the samples cannot be delivered within 72 hours of collection, contact the HIV Coordinator at USNH for alternate instructions (pour off tube procedures). For delivery of more than 100 specimens at one time, contact the HIV Coordinator at USNH to ensure that adequate personnel are available to process your specimens. The USNH Laboratory (TPC) will ship samples to Viomed (HIV testing contractor) each Thursday.

b. When delivering blood samples to USNH, the specimens should be packaged and transported in a properly labeled closed container in accordance with the Department of Transportation instructions (available upon request). Specimens must be submitted cold and arranged in roster order in cardboard tube insert/holders or in the SST tube boxes. Do **not** submit the specimens wrapped in rubber bands or loose in plastic bags. The specimens must be submitted with a hardcopy roster and the ARF diskette. Each submitting activity should maintain a copy of rosters for tracking purposes.

c. For sample discrepancies (rejected samples), the submitting activity will be given written notification by the HIV Coordinator at USNH either at the time of delivery or the next working day.

## **5. RESULTS.**

a. The contractor, Viomed, will return negative HIV test results to the designated submitting activity address (as specified on the ARF program disk). Submitting Activities should receive negative results by U.S. Priority Mail within 2-4 weeks after submission to the TPC.

b. In accordance with reference (a) and (b), the contractor will forward confirmed positive HIV results to Navy Central HIV Program BUMED-02H (NCHP) for verification. NCHP sends final HIV results, as well as notification, counseling, medical evaluation and travel accounting information via the U.S. Postal Service for:

- (1) Known positive patients to the submitting activity address specified on the submission roster (labeled MEDICAL DEPARTMENT REPRESENTATIVE EYES ONLY),
- (2) DON/Marine Corps initial positive active duty members by BUMED letter to the member's Commanding Officer (labeled CO ONLY),
- (3) Other DOD initial positive active duty members to service specific points of contact.
- (4) Initial positive reservists members by BUMED letter to the member's Commanding Officer (labeled CO ONLY), and
- (5) Initial positive DOD beneficiaries to the submitting activity address specified on the submission roster (labeled MEDICAL DEPARTMENT REPRESENTATIVE EYES ONLY).

c. The service member's command will be responsible for notifying the service member of test results and for scheduling an appointment with the Internal Medicine Clinic duty physician (643-7478/7422), USNH Okinawa.

**6.** For questions or additional information, contact the HIV Contract Coordinator at the U. S. Naval Hospital Okinawa, 643-7723/7724.

## QUICK GUIDE TO ARF DATA ENTRY AND CREATING ARF DISKETTES FOR SHIPMENT

**Note:** The following assumes ARF has already been installed on the “C” drive of your computer, and that you are using the “a” drive for your data storage diskette. If your setup is different, adjust instructions accordingly.

1. Turn computer, monitor and printer on.
2. Go to DOS C:\ prompt. (If your in Windows, quit Windows by going to the File menu on Program manager and select “Exit”. This will bring up DOS C:\ prompt.)
3. Place a blank formatted diskette in the “A” drive. This will be your data storage diskette for shipment to the TPC with your samples. Do not remove the diskette until you reach step 23.
4. Press Caps Lock key. (Caps lock must stay on during all ARF activities).
5. At the C:\ prompt, type <CD/ARF> and press <Enter>.
6. At the C:\ARF> prompt, type <ARF> and press <Enter>.
7. When a message asks you to “type the letter of the floppy drive to use, “type <A> **but do not press the <Enter> key.**
8. The program will display the message “No input file present, you must start a new ARF first” and will then display the ARF opening screen menu.
9. Type <1> (START A NEW ARF).
10. The ARF header Info Initialization Screen will appear. Scroll through each entry field by pressing <Enter> and update any necessary changes until you have returned to the first field of the screen (the UIC number).
11. Press <F7> (EXIT). When a message asks “Are you sure you want to exit?”, “type <Y> for “Yes” and the data entry screen will appear.
12. Type data for this record in each of the fields, pressing, <Enter> after each until you have returned to the first field (FMP). Before advancing to step 13, recheck the FMP/SSN, Name, DOB, and duty Code for this record and correct any mistakes.
13. Press <F4> (NEXT RECORD) to save the current record and bring up a blank data entry screen for entering the next record.
14. Repeat Steps 12 and 13 until you have entered a record for each sample in this ARF.
15. After entering your final record, press <F4> to save that record and bring up the next blank data entry screen.
16. Press <F6> (PRINT ARF). Note: Always print ARF before exiting to ARF opening screen menu (Step 19).
17. When prompted, type the ARF ID# exactly as it appears in the upper right corner of the screen and press <Enter>.
18. When prompted, check that THE PRINTER IS READY AND PRESS <Enter>.
19. When printing is complete and you have a hard copy of the ARF in hand, press <F7> to exit to the ARF opening screen menu.
20. At the menu, press <F4> (EXIT) if there are no more ARF’s to be created for this shipment.  
Note: If additional ARF’s are to be added to this diskette for shipment with the samples, press <1> (START NEW ARF) and begin entering data for a new ASF. (Multiple ARF’s – with different ARF ID numbers – can be saved to the same diskette for shipment with the samples. However, do not remove the diskette before all ARF’s for this shipment have been entered).
21. A prompt will tell you to type the letter of the save drive. Type <A>. This will save the ARF to the diskette for shipment.
22. A message (Completed save to A:\ARFILE) appears and the screen then returns to the DOS C:\ prompt.
23. Remove the diskette from the “A” drive.
24. Make a photo copy of the ARF printout for your records.
25. Ship the ARF diskette and the original of the ARF printout along with the samples to your TPC.

**VIROMED HELP DESK: 1-800-582-0077, Ext. 217**

**Enclosure (1)**

## ARF DEFINITIONS FOR FMP, SOT, AND DUC CODES

### Family Member Prefix (FMP):

20. Sponsor (Active Duty, Retired, Reserves and Civilians)	60-69..... Authorized Dependent of Sponsor (i.e., step-children)
30-39..... Spouse(s)	90-95..... Children of Dependents
01-19..... Children (Family Members)	98..... Civilian Emergencies
40, 45..... Mother/Step-mother, Father/Step-father	99..... All others
50, 55..... Mother-in-law/Father-in-law	

### Source of Test (SOT):

<b>F</b> - General Force Testing	<b>A</b> - Alcohol and Drug Rehab Admissions Only
<b>P</b> - Physical Examination (Military/Civilian)	<b>O</b> - OB Clinic (obstetrics patients only)
<b>V</b> - Sexually Transmitted Disease (STD)	<b>M</b> - Medical Admission
<b>R</b> - Requested by Individual	<b>S</b> - Surgical Admission
<b>I</b> - Clinically Indicated (physician request)	<b>J</b> - Prisoners or Detained Persons
<b>C</b> - Referred HIV Contact (physician request)	<b>D</b> - Deceased

### Duty Codes (DUC): (This is a list of common DUCs only-Inquire for unique situations)

M00-USMC Deceased Sponsor	N00-USN Deceased Sponsor	A11-US Army Active Duty
M11-USMC Active Duty	N11-USN Active Duty	F11-USAF Active Duty
M12-USMC AD RES	N12-USN AD RES	K00-Other Deceased Sponsor
M22-USMC INACT Duty TRG	N22-USN INACT Duty TRG	K53-Non-DOD Fed Emp including DODDs
M27-USMC Family Member/Maternity Care	N27-USN Family Member/Maternity Care	K54-Non-DOD Fed Emp Fam Mbr (DODDs)
M28-Newborn of Family Service Member	N28-Newborn of Family Service Member	K59-Fed Emp/Fam Mbr in Remote Areas
M31-USMC Retired LOS	N31-USN Retired LOS	K64-Social Sec. Beneficiary Medicare/Other
M32-USMC Retired PDRL	N32-USN Retired PDRL	K65-Contract Employee & Family Member
M33-USMC Retired TDRL	N33-USN Retired TDRL	K66-Non-Mil Persons in Military Custody
M41-USMC Family Member Active Duty	N41-USN Family Member Active Duty	K69-Peace Corps/USO/Red Cross Personnel
M43-USMC Family Member Retired	N43-USN Family Member Retired	K76-Foreign Civilian
M45-USMC Family Member Deceased AD	N45-USN Family Member Deceased AD	K77-Family Member Foreign Civilian
M47-USMC Family Member Deceased RET.	N47-USN Family Member Deceased RET.	K82-Volunteer Donor Organ/Blood
M48-USMC Unremarried Former Spouse	N48-USN Unremarried Former Spouse	K91-Civilian Humanitarian
M49-USMC Fam Mbr Unremar Frm Spouse	N49-USN Fam Mbr Unremar Frm Spouse	K92-Emergency Care-Other Civilian
		K99-Mass Casualty Patient

**ENCLOSURE (2)**



**ARF DATA ENTRY LOGIC**  
**Allowable code combinations for**  
**Family Member Prefix (FMP),**  
**Source of Test (SOT) and Duty code (DUC)**

FMP	SOURCE OF TEST	Duty Code
20 Sponsor (Active Duty, Retired and Reserves)	A B C D F G I J M O P Q R S V W X Y Z Note: G = BUMED use only Q = Use restricted to HIV evaluation units	N00 M00 A00 F00 C00 B00 P00 KOO N11 M11 A11 F11 C11 B11 P11 N12 M12 A12 F12 C12 P12 N13 M13 A13 F13 C13 N14 A14 F14 C14 A15 F15 N21 A21 F21 C21 N22 M22 A22 F22 C22 P22 A23 F23 N24 M24 A24 F24 C24 N26 M26 A26 F26 C26 B26 P26 N27 M27 A27 F27 C27 N31 M31 A31 F31 C31 B31 P31 N32 M32 A32 F32 C32 B32 P32 N33 M33 A33 F33 C33 B33 P33  K51 K53 K54 K55 K57 K58 K59 K61 K62 K63 K64 K65 K66 K67 K68 K69 K71 K72 K73 K74 K75 K76 K77 K78 K79 K81 K82 K83 K84 K91 K92 K99 R72 R74
30-39 01-19 40, 45 50, 55 60-69  Sponsor's Dependents	A B D G I J M O P Q R S V W X Z	N25 M25 A25 F25 C25 B25 P25 N41 M41 A41 F41 C41 B41 P41 N43 M43 A43 F43 C43 B43 P43 N45 M45 A45 F45 C45 B45 P45 N47 M47 A47 F47 C47 B47 P47 N48 M48 A48 F48 C48 B48 P48  K52 K53 K54 K56 K59 K69 K73 K75 K79 R73 R75
90-95 Children of Dependents	A B C D G I J M O P Q R S V W X Z	N28 M28 A28 F28 C28 B28 P28 N49 M49 A49 F49 C49 B49 P49  K91 K92 K99
98, 99 Others	A B C D G I J M O P Q R S W X Z	K91 K92 K99  All others not elsewhere classified.

**ENCLOSURE (3)**